CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS PRACTICES COMMISSION

COVER PAGE

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APR 01 2011

Please type or print in ink.	I At I	1 4 111 4 20	CITY OF FORT BRAG
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
GJERDE	•	DANIEL	WILLIAM
l. Office, Agency, or Cour	t		. '
Agency Name			
City of Fort Bragg			· · · · · · · · · · · · · · · · · · ·
Division, Board, Department, Disi	trict, if applicable	Your Position	
City Council		City Councilmember	
▶ If filing for multiple positions, I	ist below or on an attachment.		
Agency: See attached list		Position: See attached	list
. Jurisdiction of Office	Check at least one box)		
State	,	☐ Judge (Statewide Jurisdicti	on)
Multi-County			
⊠ City of Fort Bragg			
			
3. Type of Statement (Che	•	Name to a Company of the control of	4 / /
Annual: The period covere 2010.	a is January 1, 2010, through L	December 31, Leaving Office: Date Lef (Check one)	l
	, through D	ecember 31, O The period covered is leaving office.	January 1, 2010, through the date of
Assuming Office: Date		 The period covered is of leaving office. 	, through the date
Candidate: Election Year _	Office :	sought, if different than Part 1:	
. Schedule Summary Check applicable schedules of	r "None "	► Total number of pages including t	this cover name.
Schedule A-1 - Investments Schedule A-2 - Investments Schedule B - Real Property	s - schedule attached s - schedule attached	Schedule C • Income, Loans, & Schedule D • Income Gifts	Business Positions - schedule attached
	-(or-	
I have seed all an extra art.		1 111	
I have used all reasonable dilige herein and in any attached sche			
i certify under penalty of perju	•		
A. 4 1	<i>o</i> au		
Date Signed Hon I	th, day, year)	Signatur	

List of Additional Agency Positions for Councilmember Dan Gjerde:

Agency	Position
Fort Bragg Municipal Improvement District	Board Member
Fort Bragg Redevelopment Agency	Agency Member
Mendocino Council of Governments	Board Member

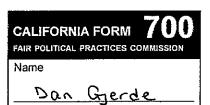
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SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	
Dan Gjerde	

- 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME LIL OF FORT BRAGE	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
council member/boardmember	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 \(\sqrt{3}\) \$1,001 - \$10,000	\$500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other (Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD
of a retail installment or credit card transaction, made	our official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
HIGHEST BALANCE DIDING DEDORTING DEDICE	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
	City
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
Comments:	A Part of the Control

SCHEDULE D Income - Gifts



NAME OF SOURCE California Western Rallroad	► NAME OF SOURCE
ADDRESS (Business Address Acceptable) Foot of Laure St. Ford Brage, (A	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10,22,10 , 70 train ride & dinner	/
with California Tourism	\$
	\$
NAME OF SOURCE Ginger Pahlson	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10,7,10 , 50 Dinner Ticket to	\$
	*/
NAME OF SOURCE Rachel Binah	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
8,22,10 ,150 Two thekets to	\$
Mille Thompson 20 yrs of service event	\$
ot service event	\$
Comments:	